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PATENT
Attorney Docket No.: 016770-007000US

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

By: Kevin L. McNeill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael Klimowicz

Application No.: 10/043,075

Filed: January 7, 2002

For: METHODS AND DEVICES FOR
NEBULIZING FLUIDS

Customer No.: 20350

Confirmation No. 7008

Examiner: Nguyen, Dinh Q.

Technology Center/Art Unit: 3752

AMENDMENT

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TECHNOLOGY CENTER R3700

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Sir:

In response to the Office Action mailed March 12, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/043,075
Filing Date	January 7, 2002
First Named Inventor	Klimowicz, Michael
Art Unit	3752
Examiner Name	Nguyen, Dinh Q.
Attorney Docket Number	016770-007000US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication
to Group
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please
identify below):
Return Postcard |
|---|--|--|

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Patrick M. Boucher	Reg. No. 44,037
Signature		
Date	June 14, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Nina L. McNeill
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Signature

Date

June 14, 2004

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